

Victim Information Registration Form

RETURN TO:

Office of the Attorney General
Office of Victim Assistant
11 South Union Street
Montgomery, Alabama 36130

For more information, call:

1-800-626-7676
(334) 242-7300
(334) 242-4780 FAX
www.ago.state.al.us

Please provide the following information.

1. Victim Information

1A. Victim Name _____

1B. Is victim a minor or deceased? Minor ☐ Deceased ☐

If victim is deceased or a minor, please provide Victim Family Contact information:

Name _____

Relationship to Victim _____

1C. Street Address for Victim or Family Contact _____

City _____ State _____

Zip _____ County _____

1D. Mailing Address (if different) _____

City _____ State _____

Zip _____ County _____

1E. Telephone Number(s):

Home _____ Work _____

Cell _____ Fax _____

1F. E-mail _____

2. Crime Information

2A. County of Crime _____

2B. Circuit Court Case Number _____

2C. Name of Offender _____

2D. Crime Committed _____

2E. Sentence _____

Please ensure The Alabama Attorney General's Office of Victim Assistance has your current mailing address. You may not be notified of the sex offender's release if you fail to complete and return this form to the above address.

Confidentiality Notice

This information is intended only for the use of the individual or entity named above.